

# ATTACHMENT J.3 TAX CERTIFICATION

## TAX CERTIFICATION AFFIDAVIT

Date \_\_\_\_\_, 2003

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

| Principal Officers: | Name  | Soc. Sec. No. | Title |
|---------------------|-------|---------------|-------|
| _____               | _____ | _____         | _____ |
| _____               | _____ | _____         | _____ |
| _____               | _____ | _____         | _____ |

Business Telephone No.: \_\_\_\_\_

Finance and Revenue Registration No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

DUNS No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Unemployment Insurance Account No.: \_\_\_\_\_

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

|                          | Current | Not Current |
|--------------------------|---------|-------------|
| District: Sales and Use  | ( )     | ( )         |
| Employment Withholding   | ( )     | ( )         |
| Hotel Occupancy          | ( )     | ( )         |
| Corporation Franchise    | ( )     | ( )         |
| Unincorporated Franchise | ( )     | ( )         |
| Personal Property        | ( )     | ( )         |
| Professional License     | ( )     | ( )         |
| Arena/Public Safety Fee  | ( )     | ( )         |
| Vendor Fee               | ( )     | ( )         |

3. If not current, as checked in item 2, I am in compliance with a payment agreement with the Department of Finance and Revenue.  
\_\_\_ Yes \_\_\_ No

Attach copy of the Agreement.

If outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities.

The Department of Finance and Revenue also requires:

(A) Copies of FR-532 (Notice of Registration) or a copy of an FR-500 (Combined Registration Form)

(B) Copies of canceled checks for the last tax period(s) filed for each tax liability; i.e., sales and use, employer withholding, etc.

The District of Columbia Government is hereby authorized to verify the above information with appropriate Government authorities. Penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than one year, or both, as prescribed in D.C. Code Sec. 22-2514. Penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Code sec. 22-2513.

Signature of Person Authorized to Sign This Document \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ Month and Year

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_